



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 66218		2. Name of Corporation "The Eyeglass Store, Inc."			
3. Street Address Principal Business Office 2 DEXTER ST			City PAWTHUCKET	State RI	Zip 02860
4. Business Phone No. 401-723-9540		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT THE GENERAL PRACTICE OF OPTOMETRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DR. KENNETH A. KAPLAN			Vice President Name DR. JONATHAN D KAPLAN		
Street Address 186 PINE GLEN DR.			Street Address 60 SCARBOROUGH RD		
City EAST GREENWICH	State RI	Zip 02818	City CUMBERLAND	State RI	Zip 02864
Secretary Name DR KENNETH A. KAPLAN			Treasurer Name DR JONATHAN D KAPLAN		
Street Address 186 PINE GLEN DR			Street Address 60 SCARBOROUGH RD		
City EAST GREENWICH	State RI	Zip 02818	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DR KENNETH A KAPLAN			Director Name CAROL Z KAPLAN		
Street Address 186 PINE GLEN DR.			Street Address 186 PINE GLEN DR		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name DR JONATHAN D KAPLAN			Director Name		
Street Address 60 SCARBOROUGH RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	SHS	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/3/05
Check No.	9934
By:	JD.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

JONATHAN D KAPLAN

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

Date



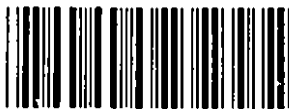
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 66218		2. Name of Corporation "The Eyeglass Store, Inc."			
3. Street Address Principal Business Office 2 DEATER ST.			City PAWSETT	State RI	Zip 02860
4. Business Phone No 401-723-9540		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT THE GENERAL PRACTICE OF OPTOMETRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KENNETH A. KAPLAN			Vice President Name JONATHAN D KAPLAN		
Street Address 186 PINE GLEN DR.			Street Address 60 SCARBOROUGH RD		
City EAST GREENWICH	State RI	Zip 02818	City CUMBERLAND	State RI	Zip 02864
Secretary Name JONATHAN D KAPLAN			Treasurer Name KENNETH A KAPLAN		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MR KENNETH A KAPLAN			Director Name JONATHAN D KAPLAN		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	SHS	\$

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

FILED

File Date

JAN 05 2004

Check No.

By W. J. G. G. G.

By

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

JONATHAN D KAPLAN

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

Date

12/31/03



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 66218 2. Name of Corporation "The Eyeglass Store, Inc."

3. Street Address Principal Business Office 2 DEXTER ST

4. Business Phone No. 401 723-9540

5. State of Incorporation RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island EYECARE

City PAWTUCKET State RI Zip 02860
6. SIC Code 9290

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name KENNETH A. KAPLAN

Street Address 2 DEXTER ST.

City PAWTUCKET State RI Zip 02860

Secretary Name KENNETH A. KAPLAN

Street Address

City State Zip

Vice President Name JONATHAN D KAPLAN

Street Address 2 DEXTER ST.

City PAWTUCKET State RI Zip 02860

Treasurer Name JONATHAN D KAPLAN

Street Address

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name KENNETH A KAPLAN

Street Address

City State Zip

Director Name JONATHAN D KAPLAN

Street Address

City State Zip

Director Name CAROL Z KAPLAN

Street Address 186 RINE GLEN DR.

City EAST GREENWICH State RI Zip 02818

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

600 SHS 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

File Date: 1-13-03

Check No.: 7532

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 1/10/03

Print or Type Name of Officer JONATHAN D KAPLAN

Title of Officer Vice President

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66218**
2. Name of Corporation **"The Eyeglass Store, Inc."**
3. Street Address Principal Business Office
2 DEXTER STREET
4. Business Phone No. **401-723-9540**
5. State of Incorporation
RHODE ISLAND

City **PAWTUCKET** State **RI** Zip **02860**
6. SIC Code **9290**

7. Brief Description of the Character of Business Conducted in Rhode Island
EYECARE, EYEGLASS SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **DR. KENNETH A. KAPLAN**
Street Address
186 PINE GLEN DRIVE
City **EAST GREENWICH** State **RI** Zip **02818**
Secretary Name **DR. KENNETH A. KAPLAN**
Street Address
City State Zip

Vice President Name **DR. JONATHAN D. KAPLAN**
Street Address
60 SCARBOROUGH ROAD
City **CUMBERLAND** State **RI** Zip **02864**
Treasurer Name **DR. JONATHAN D. KAPLAN**
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **DR. KENNETH A. KAPLAN**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name **DR. JONATHAN D. KAPLAN**
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
600 SHS 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

File Date: 1-4-02
Check No.: 5646
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 12/31/01
Print or Type Name of Officer **JONATHAN D. KAPLAN**
Title of Officer **VICE PRESIDENT**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66218** 2. Name of Corporation **"The Eyeglass Store, Inc."**

3. Street Address Principal Business Office City State Zip
2 Dexter Street Pawtucket R. I. 02860

4. Business Phone Number (401) 723-9540 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island

Eyecare

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Dr. Kenneth A. Kaplan

Dr. Jonathan D. Kaplan

Street Address

Street Address

186 Pine Glen Drive

60 Scarborough Rd.

City

State

Zip

City

State

Zip

East Greenwich R.I. 02818

Cumberland R.I. 02864

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Dr. Kenneth A. Kaplan

Carol Z. Kaplan

Street Address

Street Address

186 Pine Glen Dr.

186 Pine Glen Dr.

City

State

Zip

City

State

Zip

East Greenwich R.I. 02818

East Greenwich R.I. 02818

Director Name

Director Name

Dr. Jonathan D. Kaplan

Street Address

Street Address

60 Scarborough Rd.

City

State

Zip

City

State

Zip

Cumberland R. I. 02864

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHS (0)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

FILED

File Date: **JAN 12 2001**

Check No.: **8y KID 3850**

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jonathan D. Kaplan 1/4/01
Signature of Officer Date

Jonathan D. Kaplan O.D.
Print or Type Name of Officer

Vice President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66218** 2. Name of Corporation **"The Eyeglass Store, Inc."**
3. Street Address Principal Business Office **2 Dexter Street** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **(401)723-9540** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9290**
7. Brief Description of the Character of Business Conducted in Rhode Island **Eyecare**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Dr. Kenneth A. Kaplan Street Address 186 PineGlen Dr. City East Greenwich State RI Zip 02818	Vice President Name Dr. Jonathan D. Kaplan Street Address 60 Scarborough Rd. City Cumberland State RI Zip 02864
Secretary Name Dr. Kenneth A. Kaplan Street Address 186 PineGlen Dr. City East Greenwich State RI Zip 02818	Treasurer Name Dr. Jonathan D. Kaplan Street Address 60 Scarborough Rd. City Cumberland State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dr. Kenneth A. Kaplan Street Address 186 PineGlen Dr. City East Greenwich State RI Zip 02818	Director Name Carol Z Kaplan Street Address 186 PineGlen Dr. City East Greenwich State RI Zip 02818
Director Name Dr. Jonathan D. Kaplan Street Address 60 Scarborough Rd. City Cumberland State RI Zip 02864	

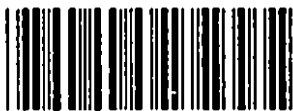
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600 SHS NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
600	SHS	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

File Date: 1/24/00

Check No.: 2093

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date 1/20/2000

Jonathan D. Kaplan O.D.

Print or Type Name of Officer

Vice President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal Business Office

2 Dexter Street

4. Business Phone No.

(401)723-9540

7. Brief Description of the Character of Business Conducted in Rhode Island

Eye Care/Eyeglass sales

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Dr. Kenneth A. Kaplan

Street Address

186 Pine Glen Drive

City State Zip
East Greenwich RI 02818

Secretary Name

Dr. Jonathan D. Kaplan

Street Address

City State Zip

Vice President Name

Dr. Jonathan D. Kaplan

Street Address

60 Scarborough Road

City State Zip
Cumberland RI 02864

Treasurer Name

Dr. Kenneth A. Kaplan

Street Address

City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Dr. Kenneth A. Kaplan

Street Address

City State Zip

Director Name

Dr. Jonathan D. Kaplan

Street Address

City State Zip

Director Name

Mrs. Carol Z. Kaplan

Street Address

186 Pine Glen Drive

City State Zip
East Greenwich RI 02818

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

600 SHS/NONE None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 9-13-99

Check No.: 1430

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date 9/1/99

Jonathan D. Kaplan

Vice President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66218** 2. Name of Corporation **"The Eyeglass Store, Inc."**

3. Street Address Principal Business Office

City

State

Zip

2 DEXTER STREET

PAWTUCKET

RI

02860

4. Business Phone No.

5. State of Incorporation

6. SIC Code

4017239540

RHODE ISLAND

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

OPTOMETRY / EYE CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Vice President Name

DR. KENNETH A. KAPLAN

DR. JONATHAN D. KAPLAN

Street Address

Street Address

186 PINEGLEN DRIVE

60 B SCARBOROUGH ROAD

City

City

State

Zip

EAST GREENWICH RI

02818

CUMBERLAND

RI

02864

Secretary Name

Treasurer Name

DR. JONATHAN D. KAPLAN

DR. KENNETH A. KAPLAN

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

DR. KENNETH A. KAPLAN

DR. JONATHAN D. KAPLAN

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

600

SHS

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

File Date: **1-6-98**

Check No.: **66218**

By: **16P**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jonathan D. Kaplan **12/18/97**
Signature of Officer Date

JONATHAN D. KAPLAN
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66218** 2. Name of Corporation **"The Eyeglass Store, Inc."**

3. Street Address Principal Business Office

2 DEXTER ST.

City **PAWTOCKET**

State **RI**

Zip **02864**

4. Business Phone No.

401-723-4540

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

EYE CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Vice President Name

DR KENNETH A. KAPLAN

DR JONATHAN D. KAPLAN

Street Address

Street Address

186 PINE GLEN DR

60 SEARSON RD.

City

City

EA. GREENWICH RI

Zip **02818**

COMB

State **RI**

Zip **02864**

Secretary Name

Treasurer Name

DR KENNETH A KAPLAN

DR JONATHAN D KAPLAN

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

DR KENNETH A KAPLAN

CAROL Z. KAPLAN

Street Address

Street Address

186 PINE GLEN DR

EA GREENWICH RI

City

State

Zip

City

State

Zip

Director Name

Director Name

DR JONATHAN D KAPLAN

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100
600 SHS NO PAR VALUE

100
SHS **0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 6 2 1 8 *

File Date: **1/2/98**

Check No.: **12091**

By: **1610**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jonathan D Kaplan **12/27/96**
Signature of Officer Date

Jonathan D. Kaplan D.D.
Print or Type Name of Officer

Vice President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 66218		2. NAME OF CORPORATION ""The Eyeglass Store, Inc.""	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2 Dexter Street		CITY Pawtucket	STATE RI
4. BUSINESS PHONE NO. 401-723-9540		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9290
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Eye Care/Eyeglass sales			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Dr. Kenneth A. Kaplan			VICE PRESIDENT NAME Dr. Jonathan D. Kaplan		
STREET ADDRESS 180 Pine Glen Drive			STREET ADDRESS 60 Scarborough Road		
CITY East Greenwich	STATE RI	ZIP CODE 02818	CITY Cumberland	STATE RI	ZIP CODE 02864
SECRETARY NAME Dr. Jonathan D. Kaplan			TREASURER NAME Dr. Kenneth A. Kaplan		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Dr. Kenneth A. Kaplan			DIRECTOR NAME Dr. Jonathan D. Kaplan		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME Mrs. Carol Z. Kaplan			DIRECTOR NAME		
STREET ADDRESS 186 Pine Glen Drive			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
East Greenwich, RI			02818		

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PAR VALUE			600	SHS NONE	NONE

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

1/2/96

Check No:

1003

By:

For Secretary of State Use Only

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Dr. Jonathan D. Kaplan
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

12/18/95
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0058218

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: "The Eyeglass Store, Inc."

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

OPTOMETRY / EYE CARE2 DEXTER ST
PAWTUCKET, RI 02860Phone: (401) 723-9540

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

DR. KENNETH A. KAPLAN 186 PINEGLEN DR. EAST GREENWICH, RI 02818

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

DR. JONATHAN D. KAPLAN 60 SCARBOROUGH RD CUMBERLAND, RI 02864

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

DR. KENNETH A. KAPLAN _____ _____ _____

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

DR. JONATHAN D. KAPLAN _____ _____ _____

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

DR. JONATHAN D. KAPLAN _____ _____ _____

NAME STREET ADDRESS CITY/STATE ZIP CODE

DR. KENNETH A. KAPLAN _____ _____ _____

NAME STREET ADDRESS CITY/STATE ZIP CODE

CAROL Z. KAPLAN 186 PINEGLEN DR. EAST GREENWICH, RI 02818

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

4000 COMMON NO PAR VALUE
600

Number of Shares

Class / Series

4000 NO PAR VALUE
600 COMMONDate 1/1 19 95

By:

Jonathan D. Kaplan

PRINT OR TYPE NAME OF OFFICER SIGNING

VICE PRESIDENT

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHRISTOPHER LEFEBVRE
2 DEXTER STREET
PAWTUCKET RI 02860

FILED

MAR 03 1995

By CE Ch #1002

ing Fee \$50.00
ayable to:
ecretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0066218 Annual Report for the year: 1994
Name of Business Entity: "The Eyeglass Store, Inc."

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:
Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
2 DEXTER ST.
PAWTUCKET, RI 02860
Phone: (401) 723-9540

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
DR JONATHAN D KAPLAN
2 DEXTER ST
PAWTUCKET, RI 02860
Brief statement of the character of business conducted in Rhode Island:
EYECARE
Date of Organization: 1/2/92
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
DR KENNETH A KAPLAN	186 PINEGLEN DR.	FA GREENWICH RI	02888
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
DR JONATHAN D KAPLAN	202 CHATHAM CIR	WARREN RI	02886
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
DR KENNETH A KAPLAN			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
DR JONATHAN D KAPLAN			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DR KENNETH A KAPLAN	SEE ABOVE		
DR JONATHAN D KAPLAN	SEE ABOVE		
CAROL Z KAPLAN	186 PINE GLEN DR.	FAIR GREENWICH RI	02888

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600	NUMBER 8 shares Issued 1994
CLASS	CLASS 2 shares OUTSTANDING
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR UP 2 shares

1/2/1994 au Jonathan D Kaplan

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

2022

Corporate ID 0055218 Annual Report for the year 1993

FIRST: The name of the corporation is "The Eyeglass Store, Inc."

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is MEDICAL EYE CARE AND EYEGLASS

SALES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2 DEXTER STREET

PAWTOCKET, RI 02880

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

DR KENNETH A KAPLAN

President

186 PINE GROVE DR, EAST GREENWICH, RI

DR JONATHAN D KAPLAN

Vice President

382 CHATHAM CIRCLE, WARRICK, RI

DR JONATHAN D KAPLAN

Secretary

DR KENNETH A KAPLAN

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

PAID

100%

FEB 08 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

100%

Dated 2/1/93 19 93

"THE EYEGLASS STORE, INC"
(Name of Corporation)

By

Jonathan D Kaplan

Title

Vice-President

(Report must be signed by an officer)